

## New Client Inquiry Form

4435 E Chandler Blvd, Suite 200 Phoenix, AZ 85048 (480) 628-5695

New clients can schedule their first appointment by phone, text or email this form to denise@lifequestaz.com.

Date:	Your N	ame:				
How did you hear about Life Quest:						
If different than above, name of person seeking counseling:						
Age:	If a Minor, are parents:	Married	Separated	Divorced		
Phone Number:		Email:				
Would you prefer an appointment: In-person $\ \square$ via secure Telehealth $\ \square$						
Payment Method: Insurance  Private Pay  If Insurance, which provider:						
Have you ever sought counseling previously? Yes □ No □						
If yes, please briefly share why.						
In the last 2 years have you been hospitalized for a mental health condition? Yes $\Box$ No $\Box$						
If yes, what condition or diagnosis?						
In the last 2 years have y	you experienced suicidal	thoughts or	attempted suicid	e? Yes □ N	lo 🗆	
If yes, please describe briefly.						
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Reason(s) for seeking co	ounseling now:					
FOR OFFICE USE ONLY						
Scheduled Intake:						
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